

SERIAL NUMBER 09/428,468	FILING DATE 10/28/99	CLASS 349	GROUP ART UNIT 2833	ATTORNEY DOCKET NO. BELHAJ5
-----------------------------	-------------------------	--------------	------------------------	--------------------------------

APPLICANT SAID O. BELHAJ, COPLAY, PA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

None

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

None

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/18/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
Verified and Acknowledged <u>WCS</u> Examiner's Initials _____ Initials _____					

ADDRESS FARKAS & MANELLI PLLC  
2000 M STREET NW  
7TH FLOOR  
WASHINGTON DC 20036-3307

TITLE BI-DIRECTIONAL SCAN SWITCH MATRIX METHOD AND APPARATUS

FILING FEE  
RECEIVED

\$838

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
NO. \_\_\_\_\_ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)
- ☐ Other \_\_\_\_\_
- ☐ Credit \_\_\_\_\_

10/28/93



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4691

<b>SERIAL NUMBER</b> 09/428,468	<b>FILING OR 371(c) DATE</b> 10/28/1999 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2675	<b>ATTORNEY DOCKET NO.</b> BELHAJ5
<b>APPLICANTS</b> SAID O. BELHAJ, COPLAY, PA; <b>** CONTINUING DATA *****</b> none, then <b>** FOREIGN APPLICATIONS *****</b> none, then <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/18/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> William H. Bollman Manelli Denison & Selter PLLC 2000 M Street, NW Suite 700 Washington, DC 20036-3307				
<b>TITLE</b> BI-DIRECTIONAL SCAN SWITCH MATRIX METHOD AND APPARATUS				
<b>FILING FEE RECEIVED</b> 838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	